

CHAPTER 12. FACILITIES AND LOCAL UNITS

ARTICLE 3. GENERAL ACUTE CARE, [AND] RURAL PRIMARY CARE, AND CRITICAL ACCESS HOSPITALS

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7 AAC 12.100 is amended to read:

7 AAC 12.100. SCOPE. The provisions of 7 AAC 12.100 - 7 AAC 12.190 [7 AAC 12.180] apply to general acute care hospitals, [AND] rural primary care hospitals, and critical access hospitals that provide the services described in 7 AAC 12.105. The department will consider all three [BOTH] types [OF HOSPITALS] as [ACUTE CARE] hospitals under 7 AAC 12.100 - 7 AAC 12.190 [7 AAC 12.180]. (Eff. 11/19/83, Register 88; am 5/4/97, Register 142; am ___/___/___, Register ____)

Authority: AS 18.20.010 AS 18.20.060

7 AAC 12 is amended by adding a new section to read:

7 AAC 12.104. DETERMINATION OF CRITICAL ACCESS HOSPITAL. (a) The department will consider a facility as a critical access hospital, if the department finds that the facility

(1) provides inpatient short-term hospitalization for medical care of acute illness or injury;

(2) has no more than 25 inpatient beds, and the number of beds used at any time for acute care inpatient services does not exceed 15 beds;

(3) is located in a rural area of no more than 10,000 residents based on calculations of the United States Bureau of Census; and

(4) meets the applicable requirements of 7 AAC 12.100 - 7 AAC 12.190 and 7 AAC 12.600 - 7 AAC 12.990.

(b) If a facility provides all of the services described in 7 AAC 12.105(a), the facility may elect to be licensed as either a general acute care hospital or a critical access hospital.

(c) If a facility qualifies both as a rural primary care hospital under 7 AAC 12.102 and as a critical access hospital under this section, the facility may elect to be licensed as either a rural primary care hospital or a critical access hospital. (Eff. ___/___/___, Register ___)

Authority: AS 18.20.010 AS 18.20.060

7 AAC 12.105(b) is amended to read:

(b) A rural primary care hospital or a critical access hospital must provide the services

described in (a) of this section, except that the provision of surgical, anesthesia, perinatal, speech, occupational, or physical therapy services is optional by the rural primary care or critical access hospital. (Eff. 11/19/83, Register 88; am 5/4/97, Register 142; am ____/____/____, Register ____)

Authority: AS 18.20.010

AS 18.20.060

7 AAC 12.110(a) is amended to read:

(a) A general acute care hospital, [AND] a rural primary care hospital, or a critical access hospital shall have a [ITS OWN] medical staff.

7 AAC 12.110(c)(2) and (4) are amended to read:

(c) The medical staff shall

* * *

(2) ensure that

(A) a physician is available to respond to an emergency at all times in a general acute care hospital or a rural primary care hospital; and

(B) a physician or a mid-level practitioner with training or experience in emergency care is on call and immediately available by telephone or radio contact and available on site within 30 minutes on a 24-hours per day basis in a critical access hospital;

* * *

(4) require that an order of a physician or a mid-level practitioner, including a telephonic or other oral order, be reduced to writing and initialed or signed by the attending physician or mid-level practitioner within 72 [24] hours after the order;

7 AAC 12.110 is amended by adding a new subsection (d) to read:

(d) The onsite medical staff of a critical access hospital may consist exclusively of mid-level practitioners if

(1) the hospital is a member of a rural health network as described in 42 C.F.R. 485.603, as amended through July 1, 1999 and adopted by reference;

(2) the mid-level practitioners are subject to the oversight of a physician who is also a member of the medical staff of the critical access hospital, even though the physician might not be present in the facility, if

(A) a physician who is member of the medical staff of the critical access hospital is notified whenever a patient is admitted to the hospital by a mid-level practitioner;

(B) a physician is available through direct radio or telephone communication for consultation, assistance with medical emergencies, or patient referral;

(C) except in extraordinary circumstances, a physician is present in the facility for sufficient periods of time, at least once in every two week period, to provide

appropriate medical direction, medical care services, consultation, and supervision; however, a site visit by a physician is not required if no patients have been treated since the latest site visit by a physician; and

(D) any extraordinary circumstances that prevent a site visit by a physician when required under (C) of this paragraph are documented in the records of the hospital;

(3) the mid-level practitioners participate

(A) in the development, execution, and periodic review of the written policies governing the services provided by the hospital; and

(B) in a periodic review of the health records of patients with a physician; and

(4) the mid-level practitioners perform the following functions when the functions are not performed by a physician:

(A) provide services in accordance with the hospital's policies;

(B) arrange for, or refer patients to, needed services that cannot be furnished at the hospital;

(C) assure that adequate patient health records are maintained and transferred as required if patients are referred or services are arranged under (B) of this paragraph. (Eff. 11/19/83, Register 88; am 5/4/97, Register 142; am ____/____/____, Register ____)

Authority: AS 18.20.010

AS 18.20.060

7 AAC 12.120(h) is amended to read:

(h) A rural primary care hospital or a critical access hospital must meet the standards set out in 7 AAC 12.130 if its governing body elects to offer surgical service. (Eff. 11/19/83, Register 88; am 5/4/97, Register 142; am ____/____/____, Register ____)

Authority: AS 18.20.010 AS 18.20.060

7 AAC 12.140(a) is amended to read:

(a) If a [GENERAL ACUTE CARE] hospital has a critical care service, a physician must have overall responsibility for the medical supervision of it. [THE CRITICAL CARE SERVICE PROVIDES SPECIALIZED MEDICAL AND NURSING CARE TO PATIENTS WHO ARE CRITICALLY ILL.]

(Eff. 11/19/83, Register 88; am ____/____/____, Register ____)

Authority: AS 18.20.010 AS 18.20.060

7 AAC 12.150(i) is amended to read:

(i) A rural primary care hospital or a critical access hospital must meet the standards in this section if the governing body elects to offer perinatal service. (Eff. 11/19/83, Register 88; am 5/4/97, Register 142; am ____/____/____, Register ____)

Authority: AS 18.20.010 AS 18.20.060

7 AAC 12 is amended by adding a new section to read:

7 AAC 12.190. DESIGNATION OF CRITICAL ACCESS HOSPITAL UNDER MEDICARE. (a) The department will designate a hospital that is licensed under this chapter as a critical access hospital under Medicare if the hospital meets the conditions of participation set out at 42 C.F.R. 485.601 - 42 C.F.R. 485.645, as amended through July 1, 1999 and adopted by reference, and the requirements of this section.

(b) To be eligible for designation as a critical access hospital under Medicare, a hospital must satisfy the criteria set out at 42 U.S.C. 1395i-4(c)(2)(B) and hold a license under 7 AAC 12 as a hospital. An eligible hospital that wishes to be designated as a critical access hospital under Medicare must submit

(1) to the department an application on a form provided by the department

(2) a description of the area served by the applicant;

(3) a community needs assessment analyzing the availability and utilization of health care services in the applicant's service area, including acute care, primary care, and emergency services, and a discussion of how operating as a critical access hospital under Medicare will better serve community needs;

(4) the applicant's plan for the delivery of health services within the applicant's service area;

(5) a financial feasibility study that analyzes the financial impact on the applicant of operating as a critical access hospital under Medicare, taking into account relevant operational

factors, including changes in utilization, services, staffing, and Medicare reimbursement;

(6) a community education plan that describes the steps that have been or will be taken to educate and involve the residents of the service area in the decision to operate as a critical access hospital under Medicare;

(7) an emergency services plan that coordinates the provision of emergency medical services in the applicant's service area;

(8) a description of the volume capacity of the applicant and other related health care resources within the applicant's service area;

(9) the distance and travel time to other health care resources within the applicant's service area; and

(10) identification of barriers to accessing health care in the applicant's service area.

(c) Within 30 days after receipt of an application for designation as a critical access hospital under Medicare, the department will review the application for completeness. If the application is complete, the department will evaluate the application and designate the hospital as a critical access hospital under Medicare if the department determines that the applicant meets the requirements of this section.

(d) If the application submitted under (b) of this section is not complete or an applicant does not meet the requirements of this section, the department will

(1) return the application for additional information, as necessary; or

(2) decline to designate the applicant as a critical access hospital under Medicare.

(e) The department will, in its discretion, certify a hospital as a "necessary provider of health care services" for the purposes of 42 U.S.C. 1395i-4(c)(2)(B)(i)(II) if the hospital is less than a 35-mile drive from another hospital or, in the case of mountainous terrain or in areas with only secondary roads available, is less than a 15-mile drive from another hospital, and if the other hospital provides services only to a certain population group or subgroup and does not routinely provide services to all members of the community in which it is located.

(f) In this section, "critical access hospital under Medicare" means a critical access hospital under 42 U.S.C. 1395i-4 Medicare Rural Hospital Flexibility Program. (Eff. ____/____/____, Register ____)

Authority: AS 18.05.030
AS 18.05.040

AS 18.20.010
AS 18.20.060

AS 47.05.010
AS 47.05.050

ARTICLE 11. GENERAL PROVISIONS

Section

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- 890. Patients' or residents' rights
- 900. Physical plant
- 910. Contracts
- 920. Applicable federal, state, and local laws and regulations
- 990. Definitions

7 AAC 12.600(a) and (b) are amended to read:

(a) All facilities licensed under this chapter must comply with 7 AAC 12.600, 7 AAC 12.610, [-] 7 AAC 12.620, and 7 AAC 12.920 and with the applicable provisions of this section for each type of facility. A critical access hospital must also comply with 7 AAC 12.612.

(b) A general acute care hospital, rural primary care hospital, critical access hospital, specialized hospital, and nursing facility must comply with 7 AAC 12.630 - 7 AAC 12.660, 7 AAC 12.730 - 7 AAC 12.770, 7 AAC 12.860, and 7 AAC 12.890 - 7 AAC 12.910.

(Eff. 11/19/83, Register 88; am 9/6/96, Register 139; am ____/____/____, Register ____)

Authority:	[AS 08.20.010]	[AS 08.20.075]	<u>AS 18.20.050</u>
	[AS 08.20.020]	[AS 08.20.080]	<u>AS 18.20.060</u>
	[AS 08.20.030]	[AS 08.20.085]	<u>AS 18.20.070</u>
	[AS 08.20.040]	<u>AS 18.20.010</u>	<u>AS 18.20.075</u>
	[AS 08.20.050]	<u>AS 18.20.020</u>	<u>AS 18.20.080</u>
	[AS 08.20.060]	<u>AS 18.20.030</u>	<u>AS 18.20.085</u>
	[AS 08.20.070]	<u>AS 18.20.040</u>	

7 AAC 12.610(b), (c), and (e) are amended to read:

(b) An application for a license must be submitted on a form provided by the department.
Within 30 days after [UPON] receipt of an [COMPLETED] application for a license, the department will review the application for completeness. If the application is complete, the

department will review the application and issue a license to the applicant if the department [IT] determines that the applicant meets the applicable requirements of this chapter.

(c) If the application submitted under (b) of this section is not complete or an applicant does not meet the applicable requirements of this chapter, the department will[, IN ITS DISCRETION,]

(1) return the application for additional information, as necessary;

(2) deny the license; or

(3) issue a provisional license as provided in (d) of this section.

* * * *

(e) An application for renewal of a license must be submitted on a form provided by the department. Within 30 days after [UPON] receipt of an [A COMPLETED] application for renewal of a license, the department will review the application for completeness. If the application is complete, the department will review the application and renew the license if the department [IT] determines that the licensee meets the applicable requirements of this chapter. If the application is not complete or the licensee no longer meets the applicable requirements of this chapter, the department will

(1) return the application for additional information, as necessary;

(2) deny the renewal; or

(3) issue a provisional license renewal as provided in (d) of this section.

(Eff. 11/19/83, Register 88; am 6/28/84, Register 90; am ___/___/___, Register ___)

Authority:	AS 18.05.040	AS 18.20.040	AS 18.20.070
	AS 18.20.010	AS 18.20.050	AS 18.20.080

AS 18.20.020
AS 18.20.030

AS 18.20.060

AS 18.20.120

7 AAC 12 is amended by adding a new section to read:

7 AAC 12.612. LICENSURE OF CRITICAL ACCESS HOSPITALS. (a) In addition to 7 AAC 12.610, the provisions of this section apply to the licensure of critical access hospitals.

(b) A hospital must hold a current license, or must have held a license at any time on or after November 29, 1999, as either a general acute care hospital or a rural primary care hospital at the time of its initial application for licensure as a critical access hospital.

(c) An applicant for licensure as a critical access hospital must submit the following as part of its initial application:

- (1) a description of the area to be served by the applicant;
- (2) a community needs assessment analyzing the availability and utilization of health care services in the applicant's service area, including acute care, primary care, and emergency services, and a discussion of how conversion to a critical access hospital will better serve community needs;
- (3) the applicant's plan for the delivery of health services within the applicant's service area;
- (4) a financial feasibility study that analyzes the financial impact on the applicant of conversion to a critical access hospital, taking into account relevant operational factors, including changes in utilization, services, staffing, and Medicare reimbursement;

(5) a community education plan that describes the steps that have been or will be taken to educate and involve the residents of the service area in the decision to convert to a critical access hospital;

(6) an emergency services plan that coordinates the provision of emergency medical services in the applicant's service area;

(7) a description of the volume capacity of the applicant and other related health care resources within the applicant's service area;

(8) the distance and travel time to other health care resources within the applicant's service area;

(9) identification of barriers to accessing health care in the applicant's service area.

(d) A critical access hospital must reapply for licensure under this section and provide updates, as applicable, to the information required under (c) of this section, if the hospital proposes to change the hospital's

(1) onsite or on-call medical staff to provide only mid-level practitioners; or

(2) hours of operation to less than 24 hours per day when no inpatients are in the facility.

(e) In addition to the requirement of reapplication for licensure under (d) of this section, if a critical access hospital proposes to change its hours of operation to less than 24 hours per day, each day of the year, the hospital must

(1) revise the emergency medical services plan submitted under (c)(6) of this

section to ensure that, at a minimum, a registered nurse will be available at the hospital's emergency room to receive patients delivered by emergency medical services personnel; and

(2) obtain a waiver under 7 AAC 12.670(i) from the requirement of 7 AAC 12.670(g) that the hospital have a registered nurse on duty at all times. (Eff. ____/____/____, Register ____)

Authority:	AS 18.05.040	AS 18.20.040	AS 18.20.070
	AS 18.20.010	AS 18.20.050	AS 18.20.080
	AS 18.20.020	AS 18.20.060	AS 18.20.120
	AS 18.20.030		

7 AAC 12.630 is amended by adding a new subsection to read:

(c) In addition to meeting the responsibilities of a governing body set out at (b) of this section, the governing body of a critical access hospital shall

(1) make agreements with one or more appropriate entities identified in 42 C.F.R. 485.603(c), as amended through July 1, 1999 and adopted by reference, for credentialing of medical staff and for review of the quality and effectiveness of the diagnosis and treatment furnished by medical staff at the hospital; and

(2) if the hospital provides inpatient care through mid-level practitioners under the offsite supervision of a physician, participate in a rural health network as described in 42 C.F.R. 485.603(a), as amended through July 1, 1999 and adopted by reference, and enter agreements with other members of the network addressing the subjects described in 42 C.F.R. 485.603(b), as amended through July 1, 1999 and adopted by reference. (Eff. 11/19/83, Register

88; am ____/____/____, Register ____)

Authority: AS 18.05.040

AS 18.20.010

AS 18.20.060

7 AAC 12.670(g) is amended to read:

(g) Except as provided in (i) of this section for a critical access hospital or 7 AAC 12.275 for a nursing facility, a facility that provides a nursing service must have a registered nurse on duty at all times.

7 AAC 12.670 is amended by adding a new subsection (i) to read:

(i) The department will waive the requirement of (g) of this section for a critical access hospital if the hospital establishes to the department's satisfaction that

(1) to have a registered nurse on duty at all times is not financially feasible for the hospital;

(2) the community served by the hospital was involved in the decision to discontinue having a registered nurse on duty at all times and is aware that the hospital's emergency department may close on occasion;

(3) the hospital's emergency medical service plan submitted under 7 AAC 12.612(c)(6) assures that a registered nurse will be available at the hospital's emergency room to receive patients delivered by local emergency services personnel; and

(4) the hospital will have a registered nurse on duty whenever an inpatient is

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present in the facility. (Eff. 11/19/83, Register 88; am 5/28/92, Register 122; am 5/4/97, Register 142; am ____/____/____, Register ____)

Authority: AS 18.05.040 AS 18.20.010 AS 18.20.060

7 AAC 12.720(p) is amended to read:

(p) A rural primary care hospital or a critical access hospital must have a dietitian registered by the American Dietetic Association or a dietetic service supervisor to supervise and monitor the dietary services to ensure the facility meets patients' nutritional needs and the requirements of this section. The services of a registered dietitian or a dietetic services supervisor may be provided on a part-time, offsite basis. (Eff. 11/19/83, Register 88; am 5/4/97, Register 142; am ____/____/____, Register ____)

Authority: AS 18.05.040 AS 18.20.010 AS 18.20.060

7 AAC 12.870 is amended by adding a new subsection (i) to read:

(i) A critical access hospital shall, at a minimum, ensure that a physician or mid-level practitioner with training or experience in emergency care is on call and immediately available by telephone or radio contact and available on site within 30 minutes on a 24-hours per day basis. (Eff. 11/19/83, Register 88; am ____/____/____, Register ____)

Authority: AS 18.05.040 AS 18.20.010 AS 18.20.060

7 AAC 12.900(b)(1)(B) is amended to read:

(B) sec. 7 applies to the general acute care hospitals, [AND] rural primary care hospitals, and critical access hospitals;

(Eff. 11/19/83, Register 88; am 12/31/94, Register 132; am 5/4/97, Register 142; am ____/____/____, Register ____)

Authority: AS 18.05.040 AS 18.20.010 AS 18.20.060

7 AAC 12.910(c)(2) is repealed:

(2) Repealed ____/____/____;

7 AAC 12.910(d) is amended to read:

(d) Birth centers, ambulatory surgical facilities, specialized hospitals, rural primary care hospitals, critical access hospitals, nursing homes, and intermediate care facilities for the mentally retarded must have a signed agreement with a general acute care hospital for transfer of patients who require medical or emergency care beyond the scope of the ability or license of the facility. (Eff. 11/19/83, Register 88; am 5/4/97, Register 142; am ____/____/____, Register ____)

Authority: AS 18.05.040 AS 18.20.010 AS 18.20.060

7 AAC 12.990(26) is amended to read:

(26) "facility" means a

- (A) general acute care hospital;
- (B) specialized hospital;
- (C) nursing home;
- (D) intermediate care facility for the mentally retarded;
- (E) ambulatory surgical center;
- (F) birth center;
- (G) mental health center;
- (H) home health agency; [AND]
- (I) rural primary care hospital; and
- (J) critical access hospital;

7 AAC 12.990 is amended by adding new paragraphs to read:

(88) "critical access hospital" means a facility that has been determined by the department to meet the requirements of 7 AAC 12.104;

(89) "critical care services" means a hospital service that provides specialized medical and nursing care to patients who are critically ill;

(89) "short-term hospitalization" means hospitalization for a period that does not exceed, as determined on an annual, average basis, 96 hours per patient. (Eff. 11/19/83, Register

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88; am 5/28/92, Register 122; am 5/4/97, Register 142; am ____/____/____, Register ____)

Authority: AS 18.05.040 AS 18.20.010 AS 18.20.060
[AS 18.09.040]